FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000079775

1. Corporation Name

BRINDLE STABLES, INC.

Principal Place of Business Mailing Address						1861 8111 1881	
5400 OCEAN BOULEVARD 5400 OCEAN BOULE			RD				
UNIT 3-2 UNIT 3-2						DO NOT MIDITE IN THIS SPACE	
SARASOTA FL 34242 SARASOTA FL 34242						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed	
						09/25/1996 4. FEI Number Ap	plied For
			iling Address				ot Applicable
21	- 10	26				NOT APPLICABLE No. \$8.75	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Re	
22 City & State	AND THE PROPERTY OF THE PROPER	City & State					
- City & State	3					6. Election Campaign Financing 55.00 Trust Fund Contribution Added	
Zip	Country -	Zip	Cou	intry		8. This corporation owes the current year Intangible	
			30			Personal Property Tax.	⊠ No
24	9. Name and Address of Current		30			10. Name and Address of New Registered Agent	
	3. Harris and Flouress of Carrent		D.,,	81	Name		
CARI	r, robert j			_	<u> </u>	(D.O. Dan Name in Mark Assessable)	
720 SOUTH ORANGE AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)			
SAR	ASOTA FL 34236		-			- A - A - A - A - A - A - A - A - A - A	
	~						
				84	City	FL 85 Zip '	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	t Flonda. Such change wa	s autnonzeo	יעם ב	the corpora	rporation submits this statement for the purpose of changing its tion's board of directors. I hereby accept the appointment as re	registered egistered
DIGITATIONE	Signature, typed or printed name of registered agent		OTE: Registered	Ager	n signature requi	ired when reinstating) DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	Addition
TITLE }			1.1 TI			□ cusuâe	[_] Addition
NAME	BRINDLE, DAVID R		1.2 N				Į.
STREET ADDRESS	5400 OCEAN BLVD				ADDRESS		
CITY-\$T-ZIP				1.4 CITY-ST-ZIP		Change	- Addition
TITLE		☐ DELÉTE	2.1 TI			☐ Change	☐ Addition
NAME			2.2 N				ĺ
STREET ADDRESS			2.3 S	TREE	T ADDRESS		}
CITY-ST-ZIP	777 OT 21				ST-ZIP	Change	☐ Addition
TITLE		☐ DELETE	3.1 TI			Charge	
NAME			3.2 N				ļ
STREET ADORESS			3.3 \$	TREE	T ADDRESS		
CITY-ST-ZIP					ST-ZIP	Change	Addition
TITLE		☐ DELETE	4.1 TI				C vocation)
NAME			4, 2 N				
STREET ADDRESS					TADDRESS	•	}
CITY-ST-ZIP		——————————————————————————————————————		ITY-S	T-ZIP	☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TI			□ ¢nange	☐ voogou
NAME			5.2 N				}
STREET ADDRESS			5.3 S	TREE	ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP 1:44.

TITLE

NAME

☐ DELETE

941-349-1243

☐ Change

Addition

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90097 048 ***150.00